

# HEAD START FAMILY / HOUSEHOLD INCOME VERIFICATION

Name of Parent / Guardian:

Head of Household Social Security #

Name of Child:

Address:

Total number of Individuals living in household:

Total number of Individuals contributing taxable and non-taxable Income:

## SOURCE OF TAXABLE INCOME

Name of person With taxable income	Source of Income	Gross amount of Income with Adjustments	Date Verified	Documentation Use to verify
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## SOURCE OF NON-TAXABLE INCOME

Name of person With income	Source of Income	Gross amount of Income	Date Verified	Documentation Use to verify
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL OF GROSS TAXABLE AND NON-TAXABLE INCOME:

Program Verification signature

The family income shall be verified by a Head Start program before determining that a child is eligible to participate in the program. No child can be enrolled until all income is verified by a Head Start staff. The Head Start staff who verifies the gross family income Must sign this form.

"I verify that the information contained on this form is accurate"

Signature and Position of Head Start Staff Verifying Income:

Signature \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_